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     (FILE 'HOME' ENTERED AT 07:21:07 ON 10 NOV 2003)

     FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE' ENTERED AT 07:21:51 ON 10 NOV 2003
L1        46930 S (ATENOLOL OR LOSARTAN)
L2          167 S L1 AND (WEIGHT LOSS OR ANOREXIA OR CACHEXIA)
L3           47 S L2 AND (TREAT OR REDUCE OR INCREASE)
L4           29 DUP REM L3 (18 DUPLICATES REMOVED)

     FILE 'STNGUIDE' ENTERED AT 07:24:13 ON 10 NOV 2003

     FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE' ENTERED AT 07:26:34 ON 10 NOV 2003
L5           25 S L1 AND (AIDS)
L6            2 S L5 AND (WEIGHT LOSS OR ANOREXIA)
L7           23 DUP REM L5 (2 DUPLICATES REMOVED)

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d 17 bib ab

L4 ANSWER 17 OF 10051 MEDLINE on STN
AN 1998203702 MEDLINE
DN 98203702 PubMed ID: 9542575
TI A randomized, double-blind comparison of the antihypertensive efficacy and safety of once-daily **losartan** compared to twice-daily captopril in mild to moderate essential hypertension.
AU Roca-Cusachs A; Oigman W; Lepe L; Cifkova R; Karpov Y A; Harron D W
CS Department of Internal Medicine, Hospital de la Santa Creu i Sant Pau, Universitat Autonoma de Barcelona, Spain.
SO ACTA CARDIOLOGICA, (1997) 52 (6) 495-506.
Journal code: 0370570. ISSN: 0001-5385.
CY Belgium
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199805
ED Entered STN: 19980609
Last Updated on STN: 19980609
Entered Medline: 19980528
AB INTRODUCTION: The antihypertensive efficacy and safety of **losartan**, a specific and selective angiotensin II (AII) receptor antagonist, was compared to captopril in patients with mild or moderate essential hypertension. DESIGN: This multinational, randomized trial consisted of a 4-week single-blind, placebo baseline period followed by a 12-week double-blind, parallel comparison of once-daily administration of **losartan** 50 mg or twice-daily administration of captopril 25 mg. After 6 weeks of **treatment**, the daily dosage was doubled in patients whose sitting diastolic blood pressure (SiDBP) remained > or = 90 mm Hg. PATIENTS: Patients with essential hypertension having a mean trough SiDBP of 95-115 mm Hg after the placebo baseline period were randomized to **losartan** (N = 192) or captopril (N = 204) **treatment**. MAIN OUTCOME MEASURES: The primary efficacy variable was the mean change from baseline to Week 12 in trough SiDBP. Safety was assessed by recording spontaneously reported or observed adverse experiences and clinical laboratory measurements. RESULTS: After 12 weeks, both **treatments** produced clinically important reductions in trough SiDBP and sitting systolic blood pressure (SiSBP). These mean reductions (SiDBP, SiSBP) were significantly greater in the **losartan** group (-11.5 and -15.4 mm Hg, respectively) than in the captopril group (-9.3 and -12.2 mm Hg, respectively) (p = 0.010 for diastolic and p = 0.023 for systolic). The percentage of patients exhibiting an excellent (trough SiDBP < 90 mm Hg) or good (trough SiDBP > 90 mm Hg, with decrease of > or = 10 mm Hg) antihypertensive response to **losartan** and captopril therapy at Week 12 was comparable (60.0% and 54.7%, respectively). The percentage of patients reporting a clinical adverse experience considered drug-related by the investigator was 13% in the captopril group and 10% in the **losartan** group. The incidence of drug-related cough was 2.6% in the **losartan** group and 4.4% in the captopril group. CONCLUSION: Once daily administration of **losartan** 50 to 100 mg is an effective **treatment** for patients with essential mild to moderate hypertension. The antihypertensive efficacy of **losartan** 50/100 mg is significantly greater than that of twice daily captopril 25/50 mg. Both **treatments** were generally well-tolerated. The number of patients with the side effect of cough was higher following captopril.

L5 ANSWER 13 OF 21 MEDLINE on STN
AN 2001278801 MEDLINE
DN 95700084 PubMed ID: 11362196
TI AIDS-associated anorexia.
AU Beal J; Flynn N
CS University of California Davis, Medical Center, Internal Medicine Department, Division of General Medicine, AIDS and Related Disorders Clinic, Sacramento, CA 95817.
SO JOURNAL OF THE PHYSICIANS ASSOCIATION FOR AIDS CARE, (1995 Jan) 2 (1) 19-22. Ref: 15
Journal code: 9431848. ISSN: 1074-2395.
CY United States
DT (CLINICAL TRIAL)
(NEWSPAPER ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
General Review; (REVIEW)
LA English
FS AIDS
EM 199503
ED Entered STN: 20010529
Last Updated on STN: 20020222
Entered Medline: 19950306
AB The pathogenesis of AIDS-associated anorexia involves any one or a combination of several factors, including malnutrition and nutrient abnormalities, gastrointestinal dysfunction, metabolic dysfunctions, neuropsychiatric disturbances, economic and sociocultural factors, and anorexigenic medications. Appropriate management of anorexia is multidisciplinary, involving pharmacologic assessment, neuropsychiatric evaluation, and appetite stimulants. Two pharmacologic agents, the cannabinoid dronabinol (**Marinol**) and the synthetic progesterone megestrol acetate (Megace), are approved by the FDA for use as appetite stimulants. Corticosteroid replacement is approved to reverse anorexia and **weight loss** associated with adrenal insufficiency.
The use of androgen replacement or growth hormone in the treatment of anorexia and **weight loss** is currently investigational
but shows promise. Dronabinol has been studied in a double-blind appetite stimulation study run in 18 centers. The six-week study focused on appetite stimulation and weight **gain** as end points in patients
with AIDS-related **weight loss**. Results are
summarized, and considerations that must be addressed by the administering clinician are presented.

Marinol Stimulates sympathetic nervous system.

10/15/99 10/15/98

L11 ANSWER 1 OF 4 MEDLINE on STN

AB The pathogenesis of AIDS-associated anorexia involves any one or a combination of several factors, including malnutrition and nutrient abnormalities, gastrointestinal dysfunction, metabolic dysfunctions, neuropsychiatric disturbances, economic and sociocultural factors, and anorexigenic medications. Appropriate management of anorexia is multidisciplinary, involving pharmacologic assessment, neuropsychiatric evaluation, and appetite stimulants. Two pharmacologic agents, the **cannabinoid** dronabinol (**Marinol**) and the synthetic progesterone megestrol acetate (Megace), are approved by the FDA for use as appetite stimulants. Corticosteroid replacement is approved to reverse anorexia and **weight loss** associated with adrenal insufficiency. The use of androgen replacement or growth hormone in the treatment of anorexia and **weight loss** is currently investigational but shows promise. Dronabinol has been studied in a double-blind appetite stimulation study run in 18 centers. The six-week study focused on appetite stimulation and weight gain as end points in patients with AIDS-related **weight loss**. Results are summarized, and considerations that must be addressed by the administering clinician are presented.

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